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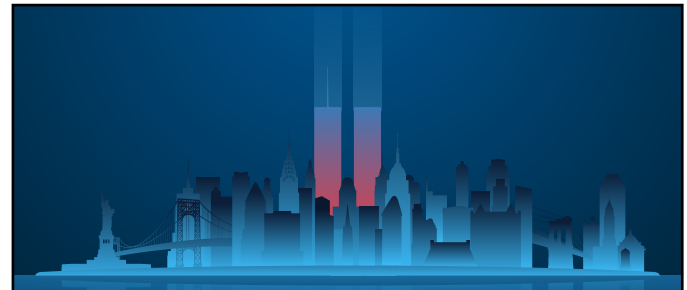
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Checking in With the Secretary

Starting his tenure as Secretary of Veterans Affairs this past February in the middle of a global pandemic, Denis McDonough had to hit the ground running. Six months in, he was still picking up speed. But he took time out to assess progress on his priorities for VA and talk about where we're headed in the coming months.

The Secretary touched on personal topics, like his leadership style, proudest moment so far, and the Veteran whose story is a constant source of inspiration. He also shared his thoughts as the nation marks the 20th anniversary of 9/11.

Marine Corps Photo



Secretary McDonough gave the keynote speech at Quantico National Cemetery's Memorial Day observance on May 28.

You have already visited some VA facilities and plan to visit more. What have you learned from your travels so far?

There's this saying that if you've been to one VA, you've been to one VA. I think that's shared with me almost as a pejorative. But the way I interpret that saying is there's a lot of innovation at each individual VA.

The most common thing I'm struck by is that innovation is a source of pride for our employees. It flows from their commitment to problem-solve for Veterans, and importantly, it also becomes a source of some competition with other facilities.

That's an important part of the VA strength, and as we make more progress, I want to make sure we don't lose that. As important as integration is, I want to make sure we keep that problem solving, innovation and competition. I think it's increasing outcomes and improving trust among our Veterans.

You have said that we will do everything in our power to help Veterans get through the coronavirus pandemic. How would you assess our progress?

We've made good progress, but we're not there yet. I would have said that before the Delta variant but let me

just double-tap this now because of the Delta variant. We're seeing infection rates among Veterans increase, including breakthrough infections, and we're seeing infection rates increase among our colleagues. I'm concerned about that.

But the fact that so many of our partners—states, local authorities—are coming to us for help right now through "Fourth Mission" assignments is evidence that even though we're not there yet, we are still outperforming so many other health systems and stakeholders. I'm proud of that.

The other reason I would have said we've made good progress but we're not there yet even before the Delta variant is because we've made great strides on things like processing claims or the provision of mental health interventions by video.

What I really want to see is for us to firm this up as the new normal and get to a yet higher plateau. The bottom line, as we saw with the reaction to the vaccine mandate decision, is VA leading the way and we will continue to do that. I have every confidence.

You announced an overhaul of the training and deployment schedule for the electronic health record modernization project. What led you to that decision?

When I first arrived, I was getting updates on Spokane, and data out of that experience, including potential patient safety concerns, productivity decreases, made me want to stop and take a hard look at this. Those initial findings were intensified by my visit to Spokane earlier in the spring, which was impactful for me.

It was moving to see how hard our employees were trying to make this work and how frustrated they were. It was obvious the frustration, notwithstanding their earnestness and dedication, was meaningful in terms of our overall ability to deploy the system.

"I want to be a leader who listens, learns and understands that so many of the folks here have forgotten more about VA than I'll ever know."

There's also a degree of mistrust as we work on the electronic health record effort that I'm going to get to the bottom of and fix because we're all in this together and it's only going to work when we draw on the strengths of one another. I want to name it as something we can address if we confront it transparently and in a respectful way.

FROM THE SECRETARY

I keep coming back to something I've said to the team many times, which is there's people who think we can't do this because we're not capable or we won't do it because we're headstrong. I refuse to believe that. I believe we can and we will do this.

What was the proudest moment of your first six months leading VA?

Something that gives me such inspiration is I get emails and letters from Veterans all the time. My wife Kari's high school classmate married a fellow whose dad had recently passed, Korea Veteran, at the Middleton VA in Madison, Wisconsin. The son of the Veteran sent me a note through Kari about the care his dad received there.

Orlando VA Healthcare System



Secretary McDonough attended the Orlando VA Healthcare System's 11th annual Pride Month celebration on June 19.

I'm quoting from memory, but he said, "every interaction, every engagement with my dad was touched with dignity." I thought, what a perfect manifestation of the care I see our people—VHA, VBA, NCA, here in VACO—invest in Veterans. I'm proud of that team in Madison. But I think the care for that man's father, that Veteran, is emblematic of the care all our employees demonstrate.

Were there any disappointments you'd like to share?

When I'm on the road, a lot of times I'll go meet with Veterans service organizations. I think sometimes when I do that, people are concerned that I'm going to believe the VSOs instead of our people. Here's what I'd say about that. I love engaging with our stakeholders because I'm a short-timer here—I just got here—so everybody's been generous to give me guidance.

I love to defend VA, our performance and our team. And I urge all our employees to do the same. I'm proud to be associated with VA, honored to work with the team that's here, and I want all of you to feel that same pride when you go out, to debate, defend and push back.

It's not a disappointment, but it's a bit like I want the prizefighter to get in the ring and go for it. I don't want the prizefighter to sit on the side. I think VA is a group of

prizefighters that's always fighting, on behalf of the right thing by the way. Now, does that mean we don't make mistakes? No, it doesn't. We do make mistakes.

Going up to Clarksburg and having the hard conversations with the West Virginia congressional delegation, yeah, that's hard. But to see Clarksburg fight back like a prizefighter and get that great Joint Commission report saying we're really performing in Clarksburg. That's what I mean. When we make mistakes, we come back.

Now that Deputy Secretary Donald Remy is on board, your leadership team is coming together. How important is that to achieving your goals for VA?

I like Donald, I respect him, I think he's an accomplished leader who is an expert in governance, so he brings a lot of skills to the table. But let me tell you another thing he brings to the table. He pushes back, he debates, he fights. That's one thing I'm really looking for and know I need.

The skills he brings, particularly that one, to push back on my instinct when he recognizes that I'm not thinking about something correctly. That's exceedingly important. A leadership team that is honest and transparent, doesn't shrink from disagreement or debate. I hope that's what our VA colleagues see from Donald.

I worked closely with Carolyn Clancy as acting deputy for several months. She had a storied career at HHS, has had a great career at VA.

Carolyn hasn't been here as long as many of the people reading this. Nevertheless, she is of VA in a way that Donald and I are not. So even as we add the rest of our leadership team, as important as that is, it's also important to maintain connectivity with Carolyn and retain a free flow of information from all of our teammates across the VA enterprise to me and from me the other way.

You are taking steps to reset the agency's relationship with unions that represent employees. Why is that important?

A big part of our workforce are union members. I only succeed, and Veterans only succeed, when we as the VA workforce work well together. I testified to Congress that I will make every decision based on whether it increases access and improves outcomes for Veterans. Improving our relationship with the unions will increase access and improve outcomes for our Veterans. Full stop. That's why I'm doing it.

There's a secondary reason I'm engaging with the unions, which is a unionized workforce is a strong workforce. That's been true across the history of the United States. Collective bargaining is an effective tool for a strong workforce.

When nothing seems to be going your way and you're feeling the weight of the world on your shoulders, is there one Veteran whose story keeps you motivated?

Joe "Sam" Samuelson was a friend of my dad's. He also was a high school football coach. He was our defensive backs coach when I was in 10th grade and he was also an assistant coach on the varsity team. I stayed in close touch with him for a long time. Sam saw combat in World War II and Korea. He was in the Army through Vietnam.

I think of "Samisms" all the time. I knew him in Minnesota, but he grew up on a farm in Iowa and gave everything he could to the country. And then VA did everything it could for Sam, including providing him hospice services at home until he passed. I think of Sam or millions of guys like him when I think about the honor it is to work here and do what I do with all the great people we work with.

Who has impacted you most as a leader?

One of the leaders I most admire is President Eisenhower. He had this saying, and I'm paraphrasing, plans are meaningless, planning is everything. Think about that note he wrote to himself the night before D-Day, saying this is my decision and mine alone. That's a meaningful moment in his leadership style, when he said I'm making the decisions, hold me accountable.

But his leadership was manifest in so many other ways, including the intense planning he did. We all know what happened on D-Day. Turns out the landing craft were not right. Turns out a lot of the guys who were jumping in couldn't get to their landing zones.

The fact of the plan ends up being kind of meaningless, except the fact of having gone through that planning for weeks and months served our guys so well. They developed common understandings and relationships, so much so that they reconstituted different units once they got to shore and were advancing.

That's leadership, recognizing that the plan is going to be important. But the effort that goes into making the plan, the relationships we build, the respect we develop for one another, that's even more important than the plan.

What advice would you offer others who are seeking to develop leadership skills?

I've never met a good leader who wasn't also a good listener. I've also never met a bad listener who was also a good leader.

One of the things that really impacted me about the trip to Spokane is, I can't tell you how many clinicians came up and said, "I just don't feel like the contractor is hearing me." I thought, there could not be a more profound expression of a weak relationship on the implementation of this than our clinicians not feeling heard.

I urge people on our team, if you feel like you're not being heard, if you feel like I am not listening, I need you to send up a flare. I want to be a leader who listens, learns and understands that so many of the folks here have forgotten more about VA than I'll ever know. There are things I know and can do and skills I have. But an understanding of this enterprise is going to come from our teammates and for that, I'm all ears.

Where were you when you heard about the September 11 terrorist attacks and what were your initial thoughts? How do the events of that day influence your leadership of the federal agency charged with caring for Veterans?

I was in the Capitol Building, where I worked for the Senate Majority Leader as his national security advisor. I walked into my office and saw on the TV screen the first tower smoking. I thought maybe the cleaning staff had left the TV on a movie channel. Shortly thereafter, I saw the second plane strike.

We were spirited away to a townhouse office on Capitol Hill, where we spent the day gathering information. Early the next morning, we began talking to the White House about whether they wanted to enact an authorization for the use of military force against those responsible for the attacks.

I was one of about five or six people who negotiated the authorization for the use of military force. Thousands and thousands of our men and women deployed under the auspices of that resolution. To now be working with all our colleagues here at VA, ensuring that we make good on our promises to those who signed up to defend us, is an honor. I will give everything to fulfill my part of it.

When we brought justice to Osama bin Laden, something President Obama said that night in 2011 resonates with me here, that the United States does not forget. If you do us harm, we will get you. We will track you down and serve justice. The same is true about VA at its finest, which is we do not forget those who have done everything for us.

Is there a special message you'd like to send VA employees?

One, know how much I admire the perseverance of our VA teammates, particularly over the course of the pandemic. I so admire the way you have carried out our mission, oftentimes at risk to yourself and your families. Your performance has been excellent.

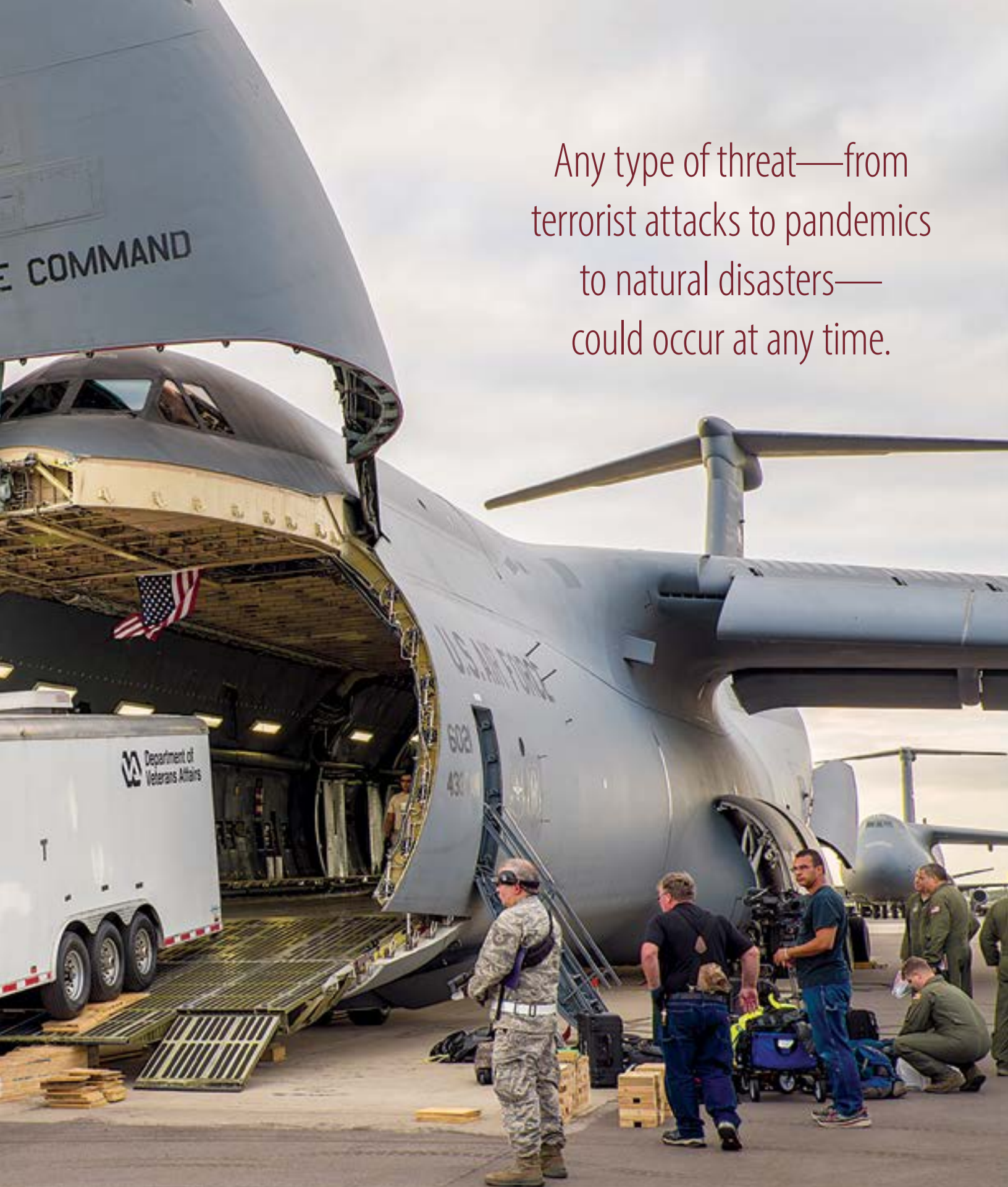
Two, thank you for the work you do, and I want you to go thank your husband or wife, son or daughter, mom or dad, your loved ones who have stood by you in these difficult months, and pass them my thanks as well. ♦

Ready to Respond

By Adrian Wilairat



Any type of threat—from
terrorist attacks to pandemics
to natural disasters—
could occur at any time.



VA supports emergency management, public health, safety and homeland security efforts as part of its "Fourth Mission."
Office of Emergency Management Photo

The Sept. 11 terrorist attacks were a tragic reminder that every federal agency must prepare for any type of emergency at any time. In the two decades since 9/11, VA has done that. Here's a look at how emergency management at VA has evolved.

After the Sept. 11 attacks, the federal government overhauled planning and preparedness. The VA Emergency Preparedness Act of 2002 expanded the department's role in preventing events like 9/11 and the anthrax attacks later in 2001. The law also strengthened VA's ability to deliver services to Veterans—and others—no matter the emergency.

VA coordinates closely with other federal agencies to prepare for and respond to emergencies. As the nation's largest integrated health care system, the Veterans Health Administration (VHA) is part of the National Disaster Medical System. If an emergency overwhelms the nation's health systems, VHA, along with the Departments of Health and Human Services, Homeland Security and Defense, would provide medical support.

The department launched the All Hazards Emergency Cache (AHEC) program to provide medicine and other pharmaceuticals to Veterans during a public health emergency. If local VA pharmacies' inventories become damaged, destroyed or depleted, AHEC ensures that supplies of drugs are available elsewhere.

Veterans with certain health conditions would be particularly susceptible to weapons of mass destruction, including biochemicals. In this horrible scenario, VA is prepared to set up mass care facilities.

Mitigate, prepare, respond and recover

VA emergency planning aligns with federal frameworks, systems, protocols and directives, of which there are many. VHA operates a Comprehensive Emergency Management Program, in line with a Federal Emergency Management Agency protocol that focuses on four principles: mitigation, preparedness, response and recovery.

VA and other federal agencies' focus on All Hazards Planning—the ability to mitigate, prepare, respond and recover in any type of emergency—provides flexibility to anticipate and recuperate from any type of crisis.

All Hazards Continuity of Operations (COOP) plans ensure that VA programs can continue to provide essential functions in an emergency—including the ongoing coronavirus pandemic.

VA health care facilities are of paramount importance. Each facility has its own emergency management program that prioritizes the most likely risks and hazards, assessing everything from location to population served to facility function, with a plan to respond and recover.



William Halton

Office of Emergency Management

▲ West Texas VA Health Care System deployed its mobile incident command unit to assist the Texas National Guard with administering COVID-19 vaccinations in Big Spring.

▶ VA's fleet of Health Emergency Response Operations vehicles can be deployed to support emergency operations.



VA's resiliency during recent hurricanes shows its readiness. During the devastation of Hurricane Maria in Puerto Rico in 2017, the San Juan VA Medical Center was the only hospital that stayed open throughout the entire disaster, and it served as the initial base for several responding federal agencies.

After evacuating employees and sheltering others, VA, fulfilling its "Fourth Mission" to help the nation during crises, provided local survivors with 100,000 meals, activated mobile vet centers for counseling services and provided dialysis for non-Veterans. During Hurricanes Florence and Michael in 2018, VA established support sites with food, medical, mental health, pharmaceutical and other services for Veteran victims.

Maintaining operations, ensuring safety

The Office of Operations, Security, and Preparedness (OSP) oversees emergency management at VA, not only

to maintain vital department operations, but also to ensure the safety of employees.

In addition to making sure the department complies with federal mandates and implementing exercises and training, it runs the VA Integrated Operations Center (VAIOC), which coordinates emergency management and crisis response across the department and serves as a liaison with federal, state and local agencies. The VAIOC operates 24 hours a day, seven days a week, providing information to senior leaders in real time and communicating with other agencies when necessary.

If VA facilities were damaged, either temporarily or permanently, OSP would work with those facilities to reconstitute offices and programs elsewhere, consistent with the programs' and buildings' COOP and emergency plans.

OSP also has broader responsibilities to protect VA. It ensures that the department complies with executive

orders regarding the security of classified information and documents. Additionally, it oversees the Insider Threat Program, which protects VA from a potential disruption to activities by the actions of an employee, contractor or anyone with access to department systems.

The events of Sept. 11 changed our country forever. Any type of threat—from terrorist attacks to pandemics to natural disasters—could occur at any time. Although it might be impossible to prevent such emergencies, VA is prepared for them and ready to respond.

For more information about VA emergency management, visit the OSP website at www.osp.va.gov/index.asp. ♦

Wayne Alley



Wayne Alley

▲ VA employees set up a multipurpose tent in a parking lot near the Panama City Beach VA clinics after Hurricane Michael hit Florida in 2018.

▶ VA offered multiple services in a parking lot near the Panama City Beach VA clinics after Hurricane Michael hit Florida in 2018.



A New GI Bill® for a New Era

Post-9/11 GI Bill looked to
history to better serve Veterans

By Ann Richardson



From the Korean War until the terrorist attacks of Sept. 11, the GI Bill that funded World War II Veterans' full education became less and less generous. Each generation of warriors saw the benefit grow more miserly.

World War II Veterans received a free education at any college, trade school or vocational institution, whether it was the Culinary Institute of America or Harvard University. Tuition, books, and room and board were fully covered. Stipends for living expenses meant Veterans could avoid student loan debt.

Meanwhile, the cost of higher education started to skyrocket, making that \$2,000 fall even shorter.

The support and attention to Veterans of the World War II era was largely forgotten.

Then the country was attacked in a way those who lived through it will never forget.

"We owe those people who have served since 9/11 the same type of quality educational benefits that those who served in World War II received." – Jim Webb

Post-World War II era Veterans did not enjoy the same treatment. Their GI Bill offered no stipend for living expenses and fell far behind the actual cost of a college education.

While in service, post-World War II era Veterans had to "opt in," agreeing to have money deducted from their pay to receive a benefit that topped out at less than \$2,000 per month if the student attended full time.

That was \$2,000 to attend school full time, pay bills, and try to support a family.

Returning Veterans from Korea, Vietnam and the Iraq War came home to scant help for readjustment difficulties, which ranged from post-traumatic stress disorder to homelessness to exposure to cancer-causing chemicals. Veteran support, both by lawmakers and the public, dwindled.

The tragedy of Sept. 11 spurred a new interest in protecting our country and a new focus on those who volunteered to serve. The country wanted to find a way to better serve those who went to war.

History provides inspiration

Fifty-seven years before the Sept. 11 attacks, American Legion Commander Harry W. Colmery, after witnessing the hardships Veterans of World War I faced upon their return home, decided to take on the challenge of correcting past mistakes and pay respect to the men and women who had given up so much in the service of their country.

He drafted what became the Service Members Readjustment Act of 1944, an early version of the GI Bill of Rights. He took part in the fight to push the legislation through Congress, testifying before Congress:

What benefit can I get through the Post-9/11 GI Bill® (Chapter 33)?

If you're eligible, you can receive up to 36 months of benefits, including:

1. Tuition and fees.
2. Money for housing (if you're in school more than half time).
3. Money for books and supplies.
4. Money to help you move from a rural area to go to school.



"We believe it to be the duty, the responsibility and the desire of our grateful people to see to it that those who serve actively in the armed services in this War, not only shall not be penalized as a result of their war service, but also that, upon their return to civil life, they should be aided in reaching that place, position, or status, which they normally had expected to achieve, had the war service not interrupted their careers. And second, we urge its enactment, as sound national policy, for the good of the nation."

Colmery escorted the original GI Bill of Rights through Congress, arguing passionately for Veterans' educational benefits, government-assured health care and what they called "readjustment allowances"—up to 52 weeks of unemployment pay for those who could not find a job—all non-existent before the commander led the charge to compensate those who served.



The original GI Bill was considered an enormous success—by historians, politicians and economists—for its impact on the post-war economy and capital investment in our "Greatest Generation." It helped millions of beneficiaries and established a middle class in America responsible for unprecedented prosperity and achievement.

Investing in our country

Virginia Senator Jim Webb, a combat Marine in Vietnam and former Navy secretary, took inspiration from Colmery to design a return to the GI Bill of the post-World War II era. In 2007, he went to work to emulate it.

"I introduced the Post-9/11 GI Bill my first day in office, starting with a simple concept: that we owe those people who have served since 9/11 the same type of quality educational benefits that those who served in World War II received," said Webb.

Though there was opposition, the bill passed.

The Post-9/11 GI Bill was dubbed a "new GI Bill for a new era." Education benefits were turned on their collective ear. In terms of active participants, it became the most successful iteration of the GI Bill.

Instead of a couple thousand dollars per month, students could now have their full tuition and fees paid and receive stipends for housing, books and supplies. Service members could even transfer their unused benefits to spouses and children.

After signing the Post-9/11 GI Bill into law, President Obama noted, "This is not simply a debt that we are repaying to the remarkable men and women who have served—it is an investment in our own country ... the Veterans who are here today ... can lead the way to a lasting economic recovery and become the glue that holds our communities together. They, too, can become the backbone of a growing American middle class."

Continuing to evolve

In 2017, legislators took another look at the Post-9/11 GI Bill. The passage of the Colmery Act removed the expiration date to use benefits for those who left military service after Jan. 1, 2013. It also considered the needs of the country's future.

Veterans also had new access to receive counseling and get help choosing a school or program. Many campuses offered space for a VA counselor to serve any Veteran who needed assistance with school, benefits, health care, housing—and helped them connect with community resources as well.

Innovative programs like the Veteran Employment Through Technology Education Courses (VET TEC) and Rogers STEM Scholarship allowed Veterans and Service members who had used most of their Post-9/11 GI Bill benefits to seek additional training to support employment in high-demand fields like health care, information technology and engineering.

The GI Bill continues to evolve. The Veteran Rapid Retraining Assistance Program (VRRAP) offers education and training for high-demand jobs to Veterans who are unemployed because of the coronavirus pandemic.

Those who wrote the original GI Bill and the Post-9/11 GI Bill had a common goal: to pay back those who wrote a blank check to the United States government, to be cashed in at any time during their service with their lives. It continues to be a great investment in the future of our country through the people who served. ♦

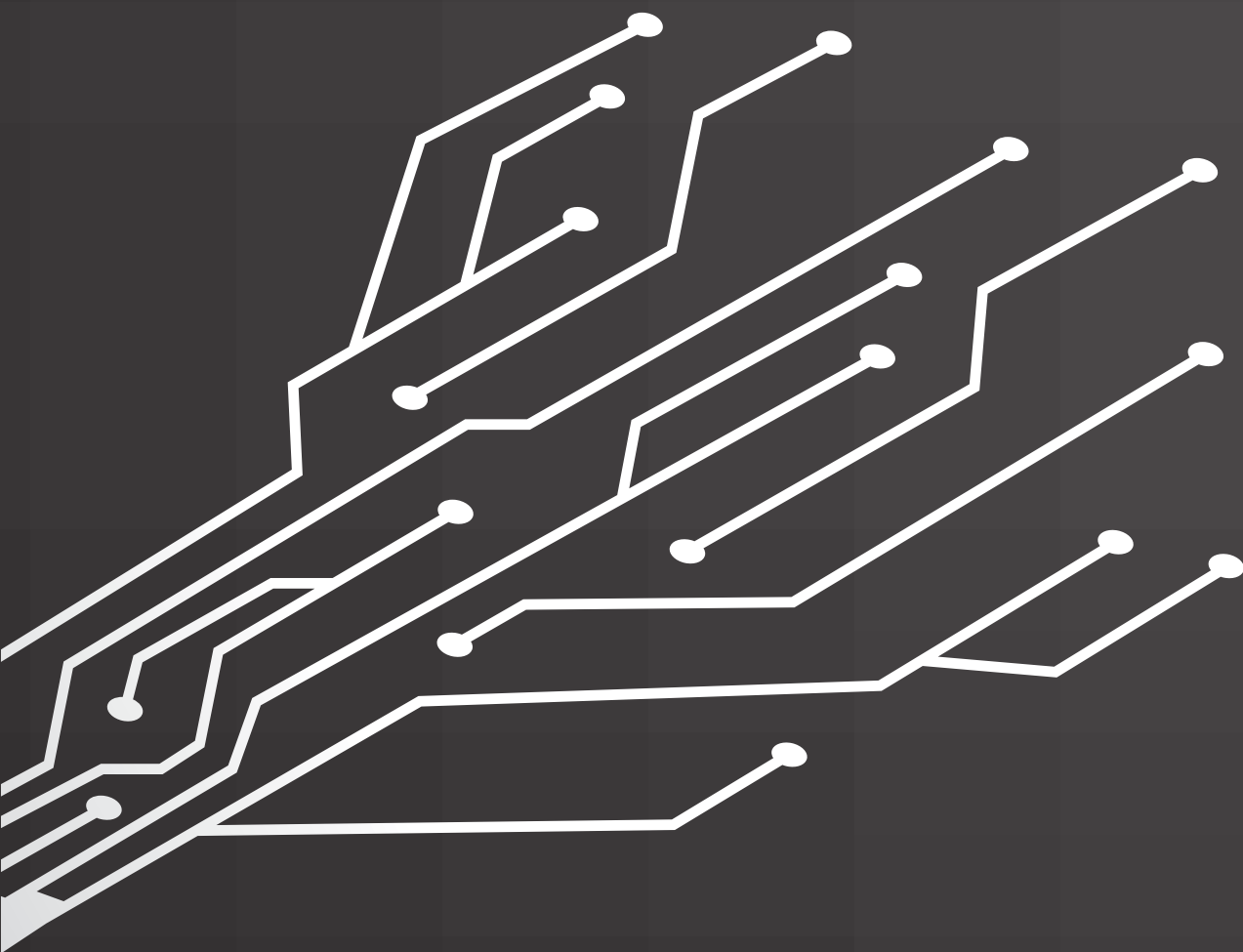


IT Innovation, Collaboration Enhance Pandemic Response

How digital transformation is fueling positive results

By VA Office of Information and Technology





**“What I’ve seen across VA is a real
willingness to put the Veteran
experience first.”**

– Lauren Alexanderson

Veterans want a single, easy-to-use digital experience that leads them to everything they need from VA. That's especially important during the coronavirus pandemic.

In the past year, VA has added new features to its [VA.gov](https://www.va.gov) digital front door that aid Veterans during the pandemic. They also continue to use the site to locate crucial information about Veterans Health Administration (VHA), Veterans Benefits Administration (VBA) and National Cemetery Administration (NCA) services.

In 2018, VA's Office of Information and Technology (OIT)'s Office of the Chief Technology Officer (CTO) team couldn't have imagined the new website they developed would prove crucial in battling COVID-19 two years later.

Building on years of collaboration

VA's earlier investment in human-centric (Veteran-first) digital transformation was invaluable when in March 2020, hundreds of VA medical centers and other community-based facilities temporarily shuttered in response to a major public health emergency.

"Veterans faced a complicated risk environment as the coronavirus pandemic unfolded early in 2020," said VA's Chief Technology Officer Charles Worthington. "The uncertainty was plain. We were experiencing it, too, since our own team was impacted similarly to other Americans."

"But I am thankful that VA had already put in place flexible platforms that gave us a way to connect with and listen to Veterans. That allowed us to quickly and efficiently create tools that kept Veterans informed and empowered during a very challenging time."

The ability to leverage long-standing relationships with VHA, VBA and NCA, especially between VHA leaders, Veterans and other key stakeholders, proved critical to CTO experts as the health risks to Veterans from COVID-19 increased—and they had limited access to health

and benefits facilities.

"A lot of what we have done is entrepreneurial," said Patrick Bateman, a digital service expert in the CTO's office.

"We've been engaging as closely as we can with our partners across the agency."

"We're not just in touch with them when there is a crisis. We've worked hard to stay engaged with [Veterans and VA administrations] through the years."

Strategizing and quick-turn decisions

As news of the emerging health risks from COVID-19 escalated in the first three months of 2020, a flurry of strategizing and tactical decision-making began. Like private sector technology incubators, the CTO's operation is a hub where developers, designers and data experts collaborate and are laser-focused on improving Veterans' access to health care and benefits—and now for COVID-19 assistance.

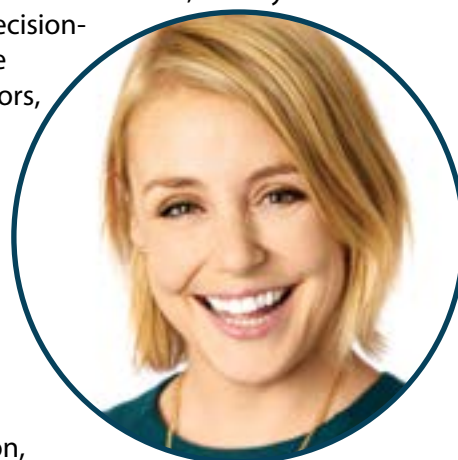
For Lauren Alexanderson, deputy chief technology officer for health delivery in the CTO's office and an experienced health communications expert, an important initial step in OIT's mobilization concerned "message discipline."

"One of the first COVID-19-related sprints [accelerated product development processes] we held was on developing an information hub at VA in March 2020," said Alexanderson.

The risk of sending confusing signals to Veterans was mounting given VA's vast reach to Veterans in disparate local communities. Within a short timeframe, Alexanderson joined other representatives of VA's internal COVID-19 Joint Task Force to locate, vet, publish and quickly share online accurate, solutions-oriented information for the more than 100 VA medical



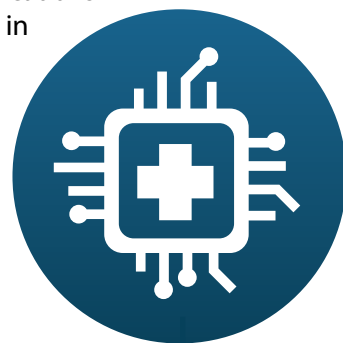
Patrick Bateman



Lauren Alexanderson



Charles Worthington





centers and related facilities nationwide, tailoring the content to provide actionable information for Veterans.

The CTO team then tapped their existing network of VA clinicians, call centers and other administration partners to track emerging Veteran needs and build new digital tools on [VA.gov](https://www.va.gov) to meet those needs.

COVID-19 response tools

The resulting rapid-response products that are directly aiding Veterans, families and caregivers during COVID-19 include:

- [COVID-19 screening tool](#), which was used more than 12 million times at VA medical facilities for preliminary COVID-19 screenings between July 2020 and April 2021, streamlining safer access for patients, employees and visitors.
- [VEText enhancements](#) to leverage the existing VA text messaging platform and natural language processing solution to schedule more than 200,000 COVID-19 vaccine appointments using simple text message exchanges by mid-April 2021.
- [Coronavirus research volunteer digital registry](#) to help connect the Veteran community with cutting-edge

clinical research opportunities. After it launched on Sept. 30, 2020, the volunteer registry quickly grew to include more than 100,000 volunteers and proved to be a pivotal tool in helping VA supply nearly 3,500 volunteers onto COVID-19 vaccine study teams. Of these, more than 50% identified themselves as non-white or members of minority communities.

- COVID-19 vaccine [Keep Me Informed tool](#), which allowed Veterans enrolled in VA care to easily share their vaccination plans with VA to improve vaccination campaign planning and initial rollout. Later, the team reconfigured the interest tool to support the SAVE LIVES Act in just six days, opening vaccines at VA to all Veterans, their spouses, caregivers and certain beneficiaries. By May 2021, more than 1 million members of the Veteran community had used the tool.

"I'm a human-centered designer and what I've seen across VA is a real willingness to put the Veteran experience first," said Alexanderson, adding that this approach is the CTO division's "North Star, above all."

This work represents how VA is providing Veterans with timely, efficient, reliable access to benefits and services they have earned, even amidst a once-in-a-generation public health emergency. ♦



Rising to the Challenge

Former VA secretaries reflect on a dark day in American history

Our nation's response to the terrorist attacks of Sept. 11 created a whole new generation of Veterans with a unique set of needs. In the years that followed, the benefits and services VA provides to Veterans evolved to meet those needs.

Former secretaries who have led VA since that tragic day were asked to share where they were when they heard about the attacks, and their thoughts on how the events of that day shaped their leadership of the agency entrusted with providing benefits and services to the men and women who defended our country in the wake of the attacks.





Anthony J. Principi

'We took every step to ensure we were ready'

On Sept. 10, 2001, I was in California giving remarks at the annual VBA directors' conference. The next morning, I was getting ready to return to Washington when I got a knock on the door from the FBI. They were assembling all of my colleagues in the President's Cabinet.

The FBI took me to their office in San Diego for several hours while preparations were made to fly me back. Later that day, I was taken to the Marine Corps Air Station at Miramar. A plane was arranged to fly my chief of staff, Nora Egan, and me to Dover Air Force Base in Delaware. Unfortunately, the plane had engine problems and we landed at 2 a.m. at Whiteman Air Force Base in Missouri.

We got on a cargo plane that was going to New York with medical supplies. They dropped us off at Dover. VA's security detail and my driver, Dennis Berry, were there to take us back to Washington.

When I got to my office, I could see the smoke from the burning Pentagon. And when President Bush returned to Washington, he held a Cabinet meeting. We went

over all the details of what had happened and what our immediate response was going to be.

Later, I went to the World Trade Center site and saw the devastation there. The New York City VA medical centers opened their doors to care for those who needed medical treatment. I knew this attack would not go unchallenged, so we at VA took every conceivable step to ensure we were ready for every challenge.

I had the experience of being at VA during Operation Desert Storm and seeing all the issues that arose surrounding the first Gulf War. I knew we would again be called upon to treat not only physical and mental wounds, but also exposure to dangerous substances. In my mind, I was reliving what had happened in 1991 and 1992 and imagining "here we go again" in 2001 and 2002.

I wanted to be sure our whole team—health care, Veterans benefits, national cemeteries—were prepared. Our people stepped up to the plate and took care of young wounded warriors. Some were catastrophically wounded, and some had been killed. But VHA, VBA and NCA did what needed to be done. To the everlasting credit of the people who bring VA to life, we were ready.

Anthony J. Principi

Secretary of Veterans Affairs (2001-2005)



R. James "Jim" Nicholson

'Forever a special reminder of how our country can come together'

Shortly after arriving in Rome in 2001, I was summoned to my embassy just in time to watch the airplane hit the second tower in New York City. It was 9/11. It looked like science fiction. One could only have hoped it was.

Forty-eight hours later, I presented my diplomatic credentials to Pope John Paul II, and I was also able to brief him on what we knew by then—the perpetrators had come from Afghanistan. He was as grief-stricken as I was, and he said, "Ambassador Nicholson, we have to stop these people who kill in the name of God."

That was an important statement for the pope to make, and it really helped the U.S. put a coalition together to invade Afghanistan and disrupt the base of these cowardly, murderous invaders of U.S. soil. Little did I know then that a few years later I would be responsible for taking care of those brave Americans coming home from Afghanistan in need of unique medical care—both physically and mentally—from VA.

Parenthetically, little did I know either that my nephew, Gen. John "Mick" Nicholson, would later become our U.S.

commander in Afghanistan.

The people at VA made me very proud of the way they adapted to the needs of our Veterans coming back from multiple deployments in, by then, two wars—Afghanistan and Iraq. The asymmetrical nature of these wars, and the severity of the injuries, which in earlier wars would have been fatal, called for a corps of caregivers who were both competent and compassionate. That was VA.

VA dug in, stood tall, and met the unprecedented challenges that beset it. The clinicians, researchers, therapists, benefits administrators all became even more committed, innovative public servants; all having in common a deep sense of respect and gratitude for this new generation of warfighters.

Teamed often with their counterparts in the military medical evacuation and reconstruction world, they literally performed miracles, while also sharing a new concern for the families of these wounded warriors.

I too was grateful to be their leader and teammate for three years of this intense period of wartime service.

The anniversary of 9/11 should forever be a special reminder of how our country can come together, and how grateful we should be for those who serve in uniform, and for those who serve them and their families.

R. James "Jim" Nicholson

Secretary of Veterans Affairs (2005-2007)



James B. Peake, M.D.

'That day dictated my life for the next decade-plus'

On the morning of 9/11, as the Army Surgeon General, I was about to go into a video call with all of the major medical commanders worldwide. A few minutes before the meeting, I was notified that a plane had struck one of the towers of the World Trade Center. The first

report was that it was a small plane—likely an accident.

Within minutes of starting the meeting, I was informed that it had been a large plane and that a second plane had struck the other tower. I immediately sent one of my operations officers to the Army Operations Center at the Pentagon, which I knew would

be standing up with real-time intelligence. He called in route to report that he had just seen an airplane strike the Pentagon. Then, in that conversation, yes, there was smoke billowing out of the building.

I asked the Walter Reed commander to deploy resources to the Pentagon. We had already put the wheels in motion to provide logistical support via Stewart Airfield in Newburgh, N.Y., should New York City require it. Within 50 minutes of the plane striking the first tower, the entire Army Medical Department was on high alert and responding to what seemed clearly a direct attack on the United States.

Truthfully, that day dictated my life for the next decade-plus.

James B. Peake, M.D.

Secretary of Veterans Affairs (2007-2009)



Robert A. McDonald

'A new kind of terrorist attack'

Like most of us, memories of 9/11 are seared in my mind. At the time, my wife and I were splitting our time between Brussels, Belgium, and Cincinnati, corporate headquarters of The Procter & Gamble Company (P&G). I was president of our Global Fabric & Home Care business, about a third of the company

in terms of profit.

On Sept. 11, I was briefing one of our directors, former Mexican President Ernesto Zedillo, in a conference room on the executive floor of P&G. Someone came into the room to tell us about the plane that we all thought had mistakenly hit one of the World Trade Center towers.

We turned on the television just in time to see the second plane hit. President Zedillo and I were both shaken. The plane hitting the second tower eliminated the rationale that this was a mistake and suggested a new kind of terrorist attack.

It was my privilege in 2014 to be asked by President Obama to become Secretary of Veterans Affairs, leading the second-largest department in the federal government, and the one with the most important mission—to care for those who have “borne the battle”

and their families.

When I first learned of this opportunity, it became clear that God had been preparing me for this role over my lifetime: West Point graduate, Airborne Ranger Infantryman in the 82nd Airborne Division, and 33 years working around the world to delight the roughly 5 billion consumers of P&G products and services. Now the challenge was how to integrate those experiences to improve the care of Veterans, especially those who had repeated deployments in the War on Terror.

We worked hard and applied best practices to improve quality of care for Veterans and put the Veteran and their family at the center of everything we did at VA. We taught human-centered design. We journey-mapped the Veteran experience from swearing-in to memorializing in one of our cemeteries.

We measured Veteran satisfaction at every touchpoint and worked to improve delight. We built capacity and capability. All of this was an attempt to build trust in VA. Trust has grown since we began measuring it in 2015 from 47% to 80% in 2020.

This is a testament to the systemic approach to improving Veteran care and the terrific employees who made it happen. VA's work is never done, and it continues with great passion today.

Robert A. McDonald

Secretary of Veterans Affairs (2014-2017)



David J. Shulkin, M.D.

'Strengthened my desire to serve'

On Sept. 11, 2001, I caught an early train to New York City for a meeting at the World Trade Center. I entered the building just before 8:50 a.m., only a few minutes after the first plane hit the tower. As I made my way through the lobby, people streamed off the escalators and down the stairs towards the exit.

Observing the fear on their faces, I decided to follow—even though I didn't know what was happening.

Once on the street, I looked up and saw loose papers streaming from upper windows and parts of the building falling to the ground. I quickened my pace but didn't make it very far. As the sky darkened and the plumes of grey smoke grew thicker, I began gasping for air and quickly sought refuge. Within seconds of entering a nearby building, security officers locked the doors behind me.

I spent the next eight hours secluded in a 50-story office building. Isolated from the rest of the world, with no working cell phone or television, I could only look out the window, see debris everywhere, and imagine what could have happened that turned the sky black and make the ground shake violently.

There were 300 other people in the same building also seeking refuge. Some were in shock and others were wounded and in obvious distress. Another physician and I set up a triage area for the injured. Building personnel located first aid kits, oxygen cannisters, cots and wheelchairs to help set up a makeshift field hospital. Using the tools available, we did our best to care for those in need.

While most of the country was watching the events on television, we were cut off from the world just feet away from the horrific event. At 5 p.m., the National Guard arrived with bullhorns and instructed us to exit the building.

I began the long walk away from the financial district to Penn Station and was soon covered in soot. During my walk, I saw the resiliency of New Yorkers who lined the streets offering help, moral support, a glass of water or something to eat.

I knew then that these events would bring a renewed commitment and unity to the country. It strengthened my desire to serve and my support for first responders, the military and Veterans. Serving our Veterans, first as Under Secretary for Health and then as Secretary, later became my greatest honor. ♦

David J. Shulkin, M.D.

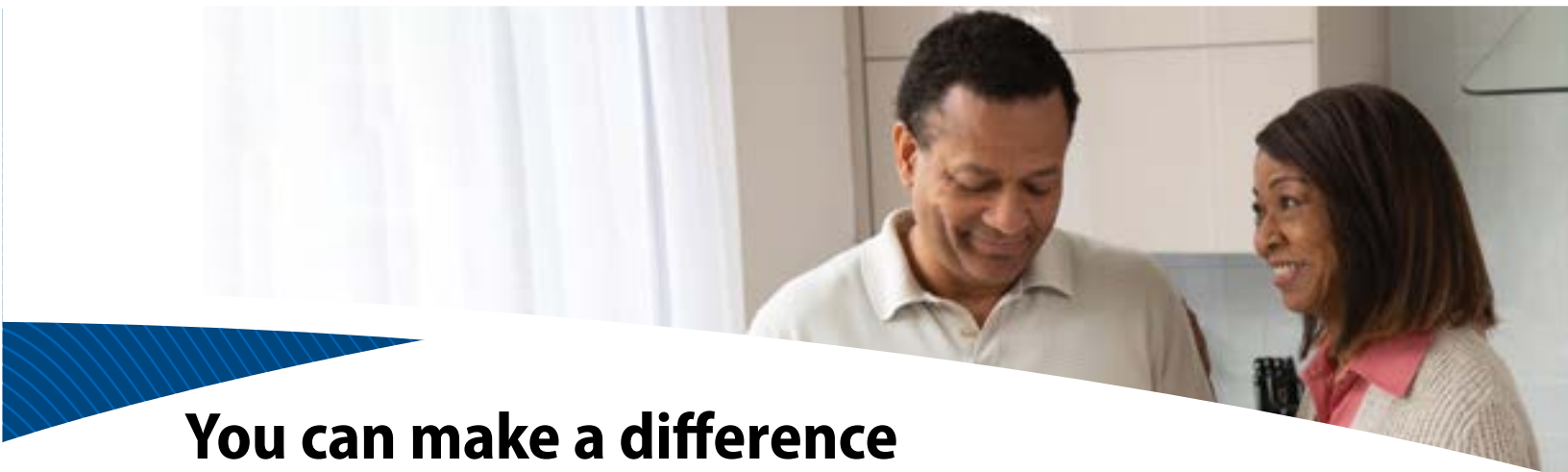
Secretary of Veterans Affairs (2017-2018)

You can make a difference in Veterans' mental health.

Let Veterans know that VA provides a variety of mental health treatments and services to meet the needs of each Veteran and the family members that are involved in their care.


VA offers mental health care at VA medical centers, Community Based Outpatient Clinics, Vet Centers, and mobile Vet Centers — and online as well.

Learn more at MentalHealth.va.gov.



Reshaping the Role of Veteran Care

By Katie Delacenserie



The Polytrauma System of Care has led
the way in research, development and
implementation of real-world solutions to
help injured Veterans.

One of the most powerful and moving parts of the 9/11 Memorial Museum in New York City is an inscription from “The Aeneid,” by the Roman poet Virgil, “No Day Shall Erase You From the Memory of Time.” These powerful words are displayed on a wall that separates the museum space from a repository containing the remains of countless unidentified victims of the attacks.

Similar memorials at the Pentagon and Shanksville, Pa., reflect the deep and painful memories of *that one day*, Sept. 11, 2001.

Today, 20 years after these events, it is important that the Veterans Health Administration (VHA) remembers our shared history in that story and reflects on how the repercussions of that day have reshaped the role of Veteran care since.

Response, recovery and relief

When the planes hit the Twin Towers, the men and women of VA stood ready to fulfill its “Fourth Mission” duties by providing support to the nation in times of emergency. In the first few hours after the attacks, all available staff and VA police at the Manhattan campus of the VA New York Harbor Healthcare System, the closest to Ground Zero, stood outside the emergency room entrance to flag down approaching ambulances carrying the injured.

Staff also took to the streets outside the medical center looking for wounded among the crowds fleeing the cloud of dust and debris settling on Lower Manhattan. Medical staff gathered the supplies they needed to stabilize incoming victims and set up a triage area outside offering medical assistance for a range of injuries.

By the end of the first week, more than 50 civilians, firefighters and National Guard members had been cared for by New York City VA medical centers; by the end of September, that total rose to nearly 100. In addition to direct medical support, VA medical centers also provided supplies from across the country to those working on recovery, clean up and relief efforts in New York, Pennsylvania and Washington.

Extra counseling teams were on hand at these sites and others across the nation in the days and weeks after the attacks to help first responders, victims’ families, VA employees and Veterans deal with the emotional impact. Across VHA, employees sent messages of hope and healing, and donated time, money and support to relief and recovery efforts in the months following.

Beginning in 2002 with the first anniversary and continuing annually, employees from VHA facilities all over the country have gathered to remember the worst attacks on American soil in our history. In the years since, many medical facilities have constructed their own 9/11 memorials, and several are named after victims.



NO DAY SHALL ERASE YOU FROM THE MEMORY OF TIME
Virgil

An inscription from Virgil’s “The Aeneid” is displayed on a wall at the 9/11 Memorial Museum in New York City.

Photo by Jin S. Lee

Improving medical and rehabilitation care

Each generation of Veterans has their own unique needs and challenges, and the Veterans of the wars in Afghanistan and Iraq are no different. In the 20 years since, it is important to remember how the events of 9/11 created a new generation of Veterans and how VA reshaped care to fit their needs.

Major advances in protective gear, technology and medical response increased the survival rates of American Service members sustaining injuries to multiple body systems, otherwise known as polytrauma, in Operation Enduring Freedom and Operation Iraqi Freedom combat operations. This included traumatic brain injury, or TBI, the signature wound of the conflicts in Afghanistan and Iraq.

Recognizing early on the importance of providing coordinated and comprehensive medical and rehabilitation services to support recovery from TBI, amputations and other complex injuries, VA developed a specialized Polytrauma System of Care (PSC). The PSC is a nationwide, integrated system of more than 120 programs across VA medical centers that facilitates coordinated access to care.

Since 2005, VA's PSC has led the way in research, development and implementation of real-world solutions to help injured Veterans, Service members and their families integrate back into their communities, school, work or military service.

Marine Corps Veteran Jason Poole is one poignant example. Poole was on his third tour in Iraq in 2004, 10 days shy of coming home, when his patrol was hit by a roadside bomb. The explosion and resulting injuries left him in a coma for two months.

When Poole arrived at the VA Palo Alto Health Care System's Polytrauma Rehabilitation Center, he was unable to walk, talk or breathe without a tube in place. Two years and seven reconstructive surgeries later, he was interviewed by a local television station. "I've been treated amazingly here," he said. "These people gave me my life. They are everything to me. I would not be where I am today without their help."

Through the TBI program, VA has screened more than 1.4 million post-9/11 Veterans who present to VHA for care for possible mild TBI since 2007. In fiscal year 2020, more than 100,000 Veterans received clinical care for a TBI-related condition.

From highly specialized programs managing disorders of consciousness to world-class programs treating deployment-related mild TBI and post-traumatic stress disorder, the PSC continues to grow through VA's dedicated effort to improve medical and rehabilitation care for those who serve.

The most valuable voices to tell the story of these wars are those of the men and women who served in them.

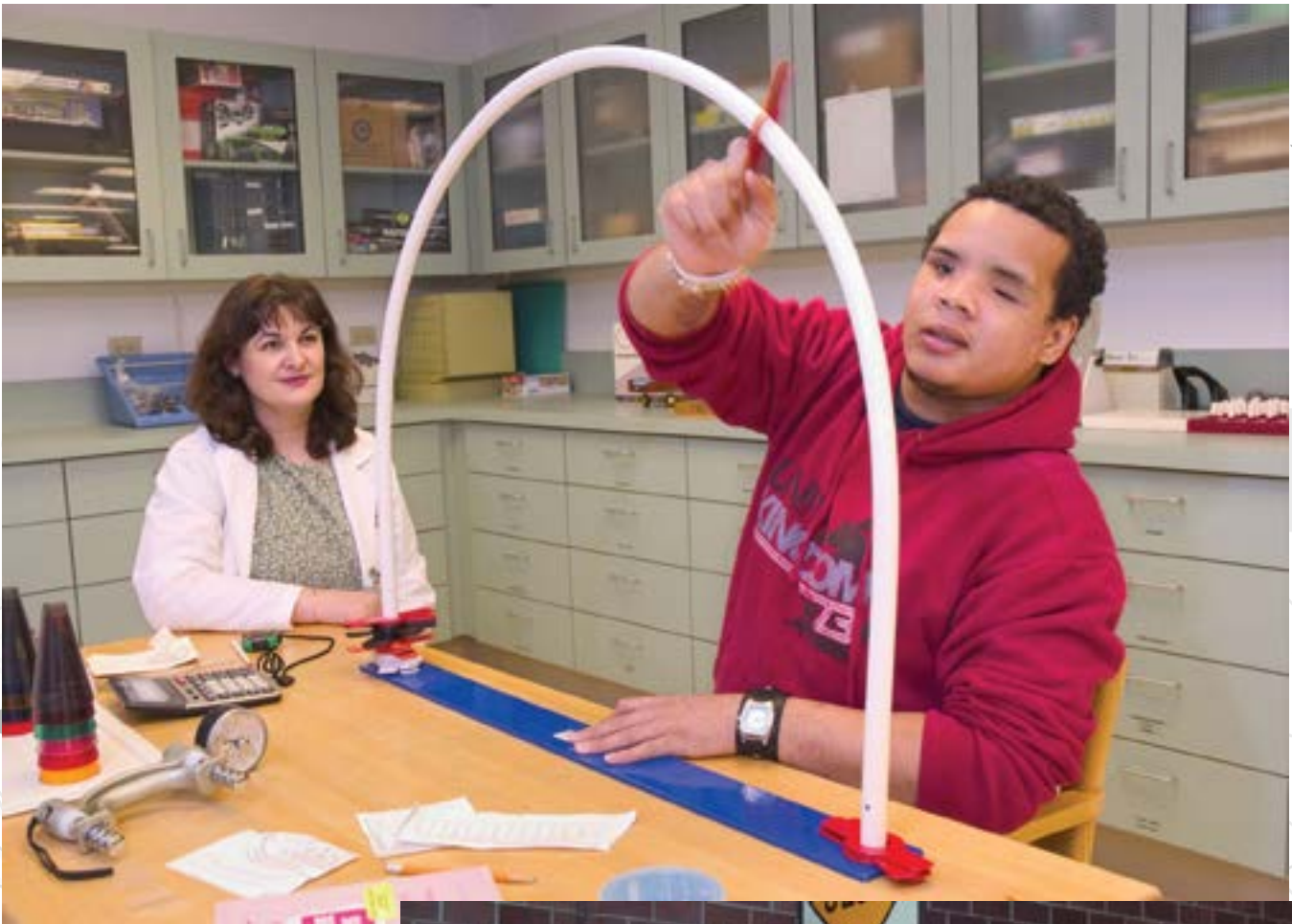
As the war in Afghanistan draws to a close after nearly 20 years, it is important for Veterans to tell their story—to remember their own role in this greater story and to honor their own service.

They can capture their memories by journaling, participating in an oral history interview, or simply sharing their memories with those closest to them. Just as Virgil states that "no day shall erase you from the memory of time," no war shall erase you from the memory of time either. ♦

Delacenserie is a historian with the Veterans Health Administration.



Physical Therapist Debbie Pitsch works with Marine Corps Veteran Jason Poole at the VA Palo Alto Health Care System's Polytrauma Rehabilitation Center.



▲ Occupational Therapist Daniela Lita works with Marine Corps Veteran Jason Poole at the VA Palo Alto Health Care System's Polytrauma Rehabilitation Center.

► Loved ones of the missing began taping homemade posters with photos and pleas for information on their whereabouts to a brick wall outside the VA medical center in Manhattan.



VA Photo

The Day the World Changed

Looking back at VA's response to
the devastating terrorist attacks



As the nation reeled in shock after the attacks on that pristine morning 20 years ago, VA employees at medical centers, regional offices, national cemeteries and vet centers mobilized to help victims, their families, and others affected by this national tragedy.

In the first few hours after the devastating terrorist attacks on American soil, all available staff and police at the Manhattan campus of the VA New York Harbor Healthcare System, the closest to the World Trade Center, stood outside the emergency room entrance to flag down approaching ambulances carrying the injured.

Employees also took to the streets looking for wounded among the thousands fleeing the cloud of dust and debris settling on Lower Manhattan. Bridge and subway closings had left hundreds of thousands with few

other options for getting out of the area than to flee on foot. Many of those heading toward Queens walked past the facility.

It wasn't hard to pick out victims who needed immediate care, according to VA staff who scanned the crowds. Covered in concrete dust and with pained expressions on their faces, they'd already walked nearly four miles from the World Trade Center area.

Medical staff gathered the supplies they needed to stabilize incoming victims and set up a triage area outside the emergency room. Mental health counselors stood by to tend the victims' emotional needs. Although most of the victims VA staff approached were okay and wanted to keep going, several accepted their offers of help for everything from having their eyes washed out to getting treatment for chest pains.

Robert Turilli



The view from the executive offices of VA headquarters after a hijacked airliner crashed into the Pentagon on Sept. 11.

Wall of the missing

More than 30 patients were seen in the first hours after the attack. By the end of the first week, a total of 55 civilians, firefighters and National Guard members had been cared for by VA's three New York City medical centers. By Sept. 26, that total had risen to 98.

Hourly updates on staffing and supplies were maintained through continuous communication among VA New York Harbor's three main campuses, and among the other medical centers in the New York/New Jersey VA Health Care Network, headquartered in the Bronx. Communication links were immediately established with New York City's emergency management team. Information on donating blood and signing up volunteers was quickly shared with employees across the network.

Dozens of people stopped outside the Manhattan campus emergency room offering to donate blood. Others with medical training offered to help care for the injured. Sadly, many of the people who stopped were looking for missing loved ones. Soon, families and friends of the missing began taping homemade posters with photos of their loved ones and pleas for information on their whereabouts to a brick wall outside the facility.

Employees took to the streets looking for wounded among the thousands fleeing the cloud of dust and debris settling on Lower Manhattan.

John Donnellan, VA New York Harbor director at the time, met continuously with senior staff to monitor their response to the crisis. When the New York National Guard activated 4,500 troops to help with the recovery and clean-up effort, Guard commanders asked VA to serve as the primary source of medical care for sick or injured members.

"The risk of injury [to Guard members] was significant," Donnellan said, "not to mention the threat of respiratory problems from the concrete dust, and smoke from fires that were still burning more than a week later."

Shock turns to grief

Extra counseling teams stood by to help Guard members deal with the emotional impact of uncovering victims' remains. The Bronx VA Medical Center also furnished gloves, masks, bandages and assorted supplies to National Guard units heading south to the disaster scene.

As shock gave way to grief, VA mental health counselors skilled in treating post-traumatic stress disorder, many of them from vet centers, responded to requests to help those affected by the disaster. The VA New Jersey Health Care System sent grief counseling teams to Newark Airport and the Meadowlands Sports Complex, where families of the Pennsylvania crash victims gathered to get information about loved ones.

Horrific images of the second jetliner slicing through the World Trade Center, combined with comparisons to the Japanese attack on Pearl Harbor, rekindled difficult memories for many

World War II Veterans, who sought counseling at VA medical centers.

The Veterans Benefits Administration (VBA)'s response to the terrorist attacks focused primarily on the benefit programs available to survivors of military personnel who were killed. Employees immediately began working to identify survivors who might be eligible for benefits including Servicemembers' Group Life Insurance (SGLI), dependency and indemnity compensation (DIC), dependents' educational assistance, home loan guarantees or a burial allowance.



During a visit to New York City after the attacks, VA Secretary Anthony Principi looked at the "wall of the missing" outside the VA medical center in Manhattan.

Seeking solace and comfort

In the days following the attack, Department of Defense officials established a Family Assistance Center at a Sheraton hotel just blocks from the Pentagon in Arlington, Va. It was a place where families of those missing or killed could seek solace and comfort while gathering for twice-daily updates on the recovery operation.

The center housed representatives from emergency relief agencies, including a team of specialists from VBA headquarters and the Washington, D.C., VA Regional Office. They came prepared to award on-site decisions for VA claims filed by survivors of active duty military personnel killed in the attack. The team also helped military casualty assistance officers file claims on behalf of survivors.

Rotating crews of benefits counselors from the New York VA Regional Office also staffed a VA booth at the Pier 94 Family Assistance Center in Manhattan. They verified the Veteran status of victims of the World Trade Center attack and provided information to their families about survivor and burial benefits.

They were joined there by rotating teams from New York VA medical centers. The teams included medical benefits/eligibility specialists, and mental health counselors from both medical centers and vet centers.



Navy Photo

Military Service members salute as fire and rescue workers unfurl a huge American flag over the side of the Pentagon on Sept. 12, 2001.

VA employees also worked at two other assistance centers in the area—one coordinated by the Federal Emergency Management Agency in Manhattan, and the other in New Jersey.

In the wake of the terrorist attacks, VA national cemeteries closest to the disaster sites, including Calverton, N.Y., and Quantico, Va., began planning for burial requests for Veterans and active duty military. Less than a week after the terrorist attacks, the first victim to be buried in a VA national cemetery was laid to rest at Calverton National Cemetery. Glenn E. Wilkinson was a New York City firefighter and Navy Veteran. ♦

Robert Turill



In the days after the terrorist attack, a makeshift memorial appeared on the ridge overlooking the damaged side of the Pentagon.

The background of the page is composed of several thick, wavy, overlapping bands of color in a rainbow spectrum. The colors transition from red at the top, through orange, yellow, green, blue, and finally to purple at the bottom. The waves flow from the top right towards the bottom left, creating a sense of movement and fluidity.

A Culture of Inclusion

By Adrian Wilairat

Each June, VA joins the nation to celebrate Pride Month. What started in 1970 as a small parade of gay rights activists in New York City has blossomed into a month-long celebration of LGBTQ+ rights, issues and culture throughout the country and the world.

Pride Month has special significance at VA. Nearly 8% of VA employees identify as lesbian, gay or bisexual, and more than 1,000 employees identify as transgender.

LGBTQ+ individuals, especially those in the military, have experienced discrimination, violence and other hardships. Recognizing these historical harms and obstacles, events at VA observing Pride Month in 2021 demonstrated the department's commitment to continuing to create a diverse, inclusive and equitable workplace.

Because of the coronavirus pandemic, events this year took place virtually. A collective of roughly 300 VA employees from around the country organized this year's month-long observance. Through the group's careful planning and diligence, VA National Virtual PRIDE comprised 28 events held on Microsoft Teams every weekday in June.

Pride Month observances at VA marked a number of firsts. This June was the first time Pride Month was coordinated among offices and facilities across the department. It was the first time activities occurred online. And it was the first time each event was recorded for future viewing.

Connections of service

The necessity of gathering exclusively online didn't stop attendees—employees and members of the public, including Veterans—from enjoying a variety of presentations and discussions educating participants about LGBTQ+ rights and issues and addressing misconceptions about these diverse communities. More than 2,200 employees participated, and the presentations have received more than 4,500 views.

All events celebrated the theme United for Equality, which underscores the connections of service shared by VA employees, Veterans, members of the military and their families. According to the VA National Virtual PRIDE marketing toolkit, this theme emphasizes the need to “come together and share a culture of inclusion, respect, and compassion to reinforce our bonds as human beings first.”

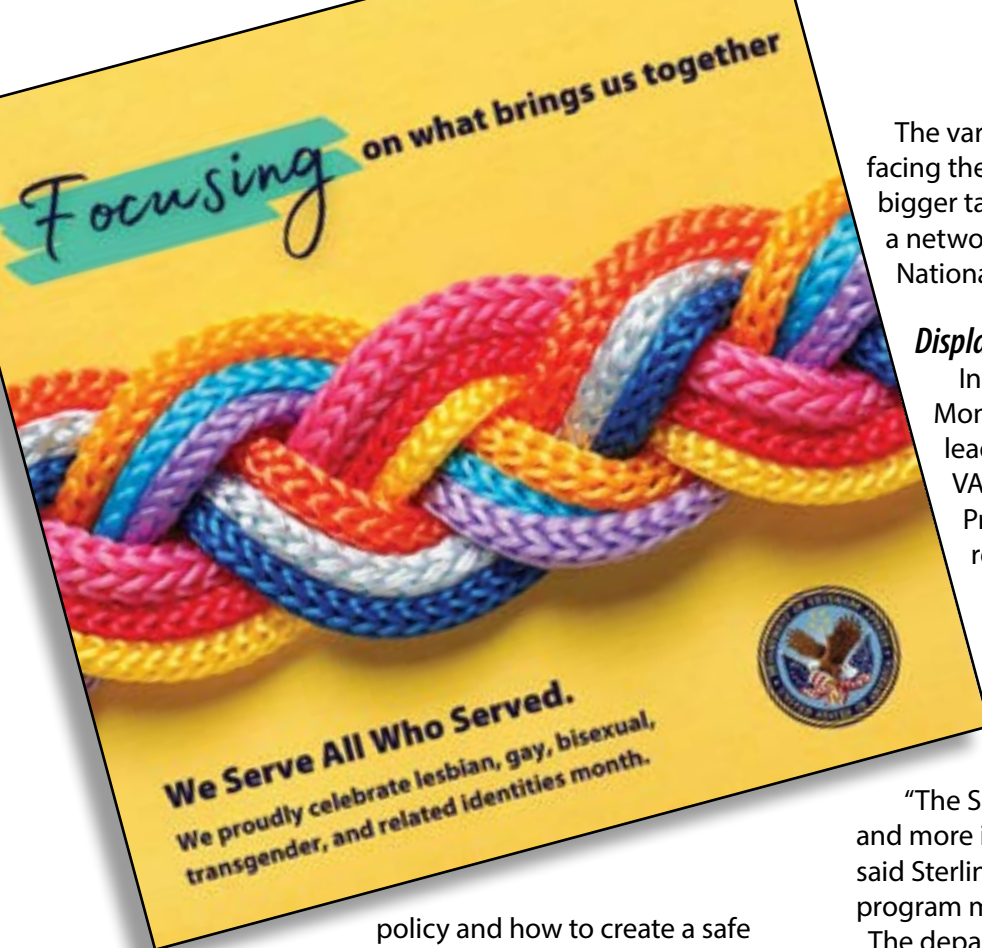
Event highlights included:

- **LGBTQ Affirming Therapy**, which discussed health disparities and the role of mental health providers.
- **Raising a Transgender Child and Family Dealing with the Transition**, which addressed gender transition and negative information an employee's child faces outside a supportive home.
- **LGBT+ Legal Q&A Synopsis**, which highlighted rights of LGBTQ+ employees and Veterans, including anti-discrimination protections.
- **Suicide Prevention for LGBT+ Veterans**, which discussed effects of the former “Don't Ask, Don't Tell”

LGBTQ+ Veterans in the Oklahoma City VA Health Care System's Belong Group, including Army Veteran Maxwell “Devie” Lynn, meet once a week to discuss their successes and struggles. ►

The Belong Group at the Oklahoma City VA Health Care System provides support to LGBTQ+ Veterans, including Army Veteran Cornell Gallagher. Oklahoma City VA Health Care System Photos





policy and how to create a safe community for all Veterans.

- **Gender Awareness and Pronoun Usage**, which educated health care providers about appropriate terms and the historical effects of a binary gender system.

The variety of topics addressed the many issues facing the LGBTQ+ community. “We want to build a bigger table where everyone can gather and create a network of useful resources,” said Lynn Berry, VA National Virtual PRIDE lead.

Display of solidarity

In addition to this year’s comprehensive Pride Month observances, support from department leaders has led to tangible results. In June, VA Secretary Denis McDonough recognized PrideVA as the first department-wide employee resource group. PrideVA seeks to empower members, improve access and strengthen outcomes for LGBTQ+ employees.

The group also focuses on enabling LGBTQ+ employees and allies to provide mentorship, professional development and community service opportunities.

“The Secretary’s efforts to make VA a more diverse and more inclusive workplace have been incredible,” said Sterling Akins, VA’s LGBTQ+ special emphasis program manager.

The department changed the name of the Veterans Health Administration (VHA)’s LGBT health program to the LGBTQ+ Health Program, language that reflects new community standards of inclusiveness and anticipates future changes in terms. The department also announced initial plans to expand VA health care benefits to provide gender confirmation surgery for transgender Veterans.

In an unprecedented display of solidarity, Secretary McDonough raised the Pride flag over VA headquarters at 810 Vermont Avenue in Washington, D.C., for the first time in department history. “Leadership’s support has been phenomenal,” said Akins.

According to Akins, “VA’s Pride Month celebrations this year were a burst of fresh air for everyone. Everyone was connected, and that was the most important part.”

The department’s continuing efforts to create a diverse, inclusive and equitable workplace will go a long way toward ensuring that VA is a place where everyone feels safe and can thrive. ♦

Missed VA National Virtual PRIDE in June or want to re-watch? Access all events through the Pride Month learning collection in TMS.



Secretary Denis McDonough raises the Pride flag over VA headquarters for the first time in department history.

Paying Tribute to Dr. Gary Cohen

By April Jones

When asked what they will miss most about Dr. Gary Cohen, those who knew him agree that it is his big, booming laugh, one that could often be heard through the halls of the specialty care clinic at the Tuscaloosa VA Medical Center in Alabama, where he had served as a psychiatrist since 2009.



Dr. Gary Cohen

Cohen, along with his brother, Dr. Brad Cohen, were among the many victims of the condo collapse on June 24 in the Miami suburb of Surfside. Gary Cohen had traveled to Florida to visit his parents and was staying with his brother on the 11th floor of the Surfside condo when it came crashing down in the middle of the night. The remains of both brothers were recovered 13 days later.

Cohen was laid to rest in Birmingham, Ala., on July 11 in a traditional Jewish funeral service, where his mother, wife and two sons shared their memories of him. His funeral was attended by loved ones, friends and many co-workers—all lives he had touched.

Physician left his mark

Cohen left his mark on the specialty care clinic staff and on the Tuscaloosa VA Medical Center as a whole.

"I'm finding out after his passing about all of these small things he did, under the radar, to connect with others," said Dr. Michael Shortall, associate chief of staff-specialty care.

There are memories like the way he cared for one of his nurses by bringing her ginger ale and crackers when he heard she felt unwell, and that he visited his hospitalized co-workers without hesitation to ensure that they felt cared for and had what they needed.

His co-workers laugh about the way he connected with his patients by starting appointments with a game of "Name That Tune" to ease their anxieties during exams that could cause discomfort.

His colleague and friend, Dr. Masudul Hasan, recalled how Cohen had a way of being able to discuss and tackle deep issues, even if he had a differing opinion, in a way that was respectful and left the other person feeling loved and understood.

Lisa Koontz, the associate chief nurse of specialty care, added: "Dr. Cohen leaves a big hole in our specialty care clinic. It is like losing a family member. Our hearts are hurting in specialty care. We have always been one team, one mission and one family."

"I'm finding out after his passing about all of these small things he did, under the radar, to connect with others." – Dr. Michael Shortall

Staff members carry commemorative token

Navigating through the uncharted waters of such a tragic loss has been difficult for both the staff and leadership in Tuscaloosa. As a small facility, Tuscaloosa often feels more like a family than an organization. The outpouring of comfort the staff members have shown to each other during this time proves that.

Cohen's co-workers honored his memory in many ways. His office door was adorned with a wreath, while friends and patients posted prayers and condolences. Specialty care leaders designed and ordered a commemorative token for staff members to carry in his honor and in solidarity over their loss.

A few of his colleagues planned to have 100 trees planted in Israel as a memorial to his legacy, while a memorial service at the medical center was planned for late July.

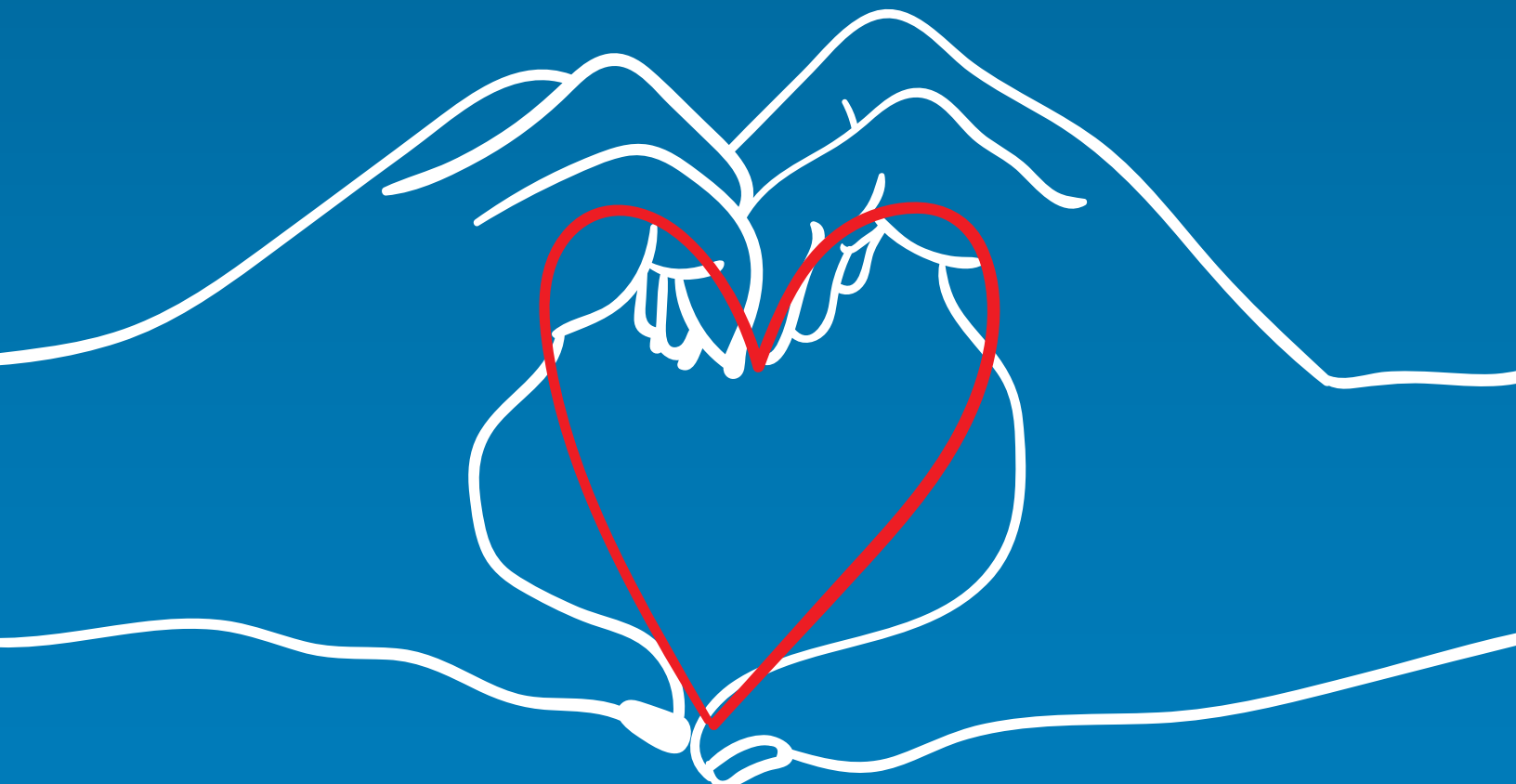
Cohen's memory will live on at the Tuscaloosa VA. Our thoughts and prayers are with his family as they continue to grieve his loss. ♦

Jones is interim public affairs officer at the Tuscaloosa VA Medical Center.

A Legacy of Care

Twenty years of defining care
for post-9/11 Veterans

By Sarah Copeland and Will Ackerman



It's been 20 years since the day Jennifer Perez walked through the Washington, D.C., VA Medical Center (VAMC) and heard television news reports of a plane crashing into the World Trade Center. She watched as the 9/11 terrorist attacks unfolded—at the World Trade Center, Pentagon and Flight 93's crash in Shanksville, Pa.

"After the Pentagon was hit, we heard there were bombings in D.C.," said Perez, who was the VAMC's acute and ambulatory care social work supervisor. "By the time we left work and the city, the roads were empty. We stopped the car in the middle of the highway and turned around to see the smoldering hole [in the Pentagon]."

Perez played an integral role in developing the strategy to support a new generation of Veterans who responded to the 9/11 attacks. Today, she's the national director of VA's Post-9/11 Transition and Case Management Program, which supports Service members and Veterans transitioning from military to civilian life.

"The complexities of injuries and illnesses were different from previous generations of Veterans." – Jennifer Perez

Caring for a new generation of Veterans

As the first wave of seriously injured Service members returned from Afghanistan and Iraq, the Department of

Defense (DoD) and VA collaborated to care for them.

"We literally needed to decide overnight how to best coordinate treatment efforts for these seriously injured Service members," Perez said. "We identified a [primary care social worker](#) to go to Walter Reed [Army Medical Center] and coordinate care for Service members who needed VA treatment."

This was the genesis of the VA Liaison Program, which activated in August 2003. Through that program, VA social workers were assigned to military treatment facilities to coordinate the transition of care for returning Service members. Concurrently, every VAMC identified a point of contact to receive referrals from VA liaisons, ensuring a seamless transition of care.

"The complexities of injuries and illnesses were different from previous generations of Veterans," Perez said. "Our goal in providing individualized care coordination was to ensure that treatment needs and psychosocial considerations were identified early. We focused on communicating to the receiving VAMCs that would provide ongoing care for the Service members to meet their goals and maximize quality of life."

Evolution of transition and case management

The VA Liaison Program has evolved to include 48 liaisons who support all military treatment facilities and coordinate VA care for any Post-9/11 era Service member. VA liaisons have transitioned over 140,000 Service members since its inception.



Kelly O'Bryan Buskiewicz, a social worker with the M2VA program in Louisville, Ky., assists a Veteran family member during an event at the Robley Rex VA Medical Center.

Robley Rex VAMC



In this 2004 photo, Xiomara Telfer, left, and Gabriella K. Kinsolving, social workers with the Washington, D.C., VA Medical Center, review patient status reports with Lt. Col. Joe Truelove, chief of care continuum at Walter Reed Army Medical Center.

VA medical center points of contact evolved to clinical teams (with a program manager, case managers and transition patient advocates) who are experts in the unique needs of transitioning Service members and community reintegration. While the name has changed through the years, the mission remains the same: caring for Post-9/11 Service members and Veterans during transition from the military.

Today, the Post-9/11 Transition and Case Management Program—which encompasses the VA Liaison and Post-9/11 Military2VA (M2VA) Case Management programs—reflects the mission to serve all Post-9/11 era Service members and Veterans.

“This team can immediately identify vulnerable Service members who may be at risk for suicide or homelessness and connect them with the Post-9/11 M2VA Case Management Program,” Perez said.

The program provides comprehensive transition assistance, care coordination, case management, and outreach to identify and connect with Post-9/11 Service members and Veterans through community and military-related events.

Last year, program teams screened over 175,000 Veterans, 93% of whom received VA health care for the first time. They provided case management to over 40,000 Veterans. VA now serves more than 1 million

Veterans enrolled in VA health care who deployed to support operations in Afghanistan or Iraq.

Expanding support to caregivers

Many Service members or Veterans require help with personal care due to their injuries, which often falls on the shoulders of loved ones. VA piloted a Caregiver Support Program in 2008 and later implemented the Program of Comprehensive Assistance for Family Caregivers, Program of General Caregiver Support Services and the Caregiver Support Line.

VA expanded services and community partnerships to provide wraparound support for caregivers—including Hero Miles, Peer Support Mentoring, Building Better Caregivers, partnership with Elizabeth Dole Foundation, and VA Video Connect with the Office of Rural Health.

In 2018, legislation expanded the Program of Comprehensive Assistance for Family Caregivers to all era Veterans. This expansion is ongoing and expected to provide eligibility to all eras of Veterans by October 2022.

To learn more about the program, visit the [Post-9/11 Transition and Case Management website](#). ♦

Copeland is a communications specialist and Ackerman is a communications strategist with the Veterans Health Administration.

Mother's Selfless Act Moved a Nation

After the Sept. 11 terrorist attack on New York City, a red, white and blue wreath hung in the window of VA volunteer Arlene Howard's Long Island home. It was given to her by a local Cub Scout troop, one of many tokens the World War II Veteran received following the loss of her son, a Port Authority police officer.

White House Photo



President George W. Bush talks with Arlene Howard, VA volunteer and mother of a Port Authority police officer killed on 9/11, after she gave the president her son's police badge.

George Howard, 44, was not on duty that morning when terrorists piloted a hijacked airliner into the World Trade Center. Like many off-duty police officers and firefighters, he was called in after the attack. He rushed to the scene to assist his fellow officers and was later caught in the World Trade Center's collapse.

Howard was one of more than 300 firefighters and police officers who gave their lives that morning doing what they loved, helping those in need. His remains were found on Sept. 19 when a rescue worker spotted a shiny black pistol jutting from a mound of twisted steel and charred concrete at the site. He reached down to pick it up and found it strapped snugly in Howard's holster.

'Task that does not end'

Arlene Howard gave her son's police badge to President George W. Bush when he visited New York City in the days after the attack. "He said he was honored to have it and that he would carry it with him at all times," she said.

Her gesture signaled the start of a special relationship. The president spoke movingly of their encounter during his address to a joint session of Congress on Sept. 20. He held up her son's badge for all to see and called it "a reminder of lives that ended, and a task that does not end."

Nine months later, when Bush was in Port Elizabeth, N.J., to honor Port Authority heroes and outline new

security measures, he spotted Howard in the crowd, thanked her for coming, and spoke about what she meant to him.

"Arlene is my friend," he said. "She represents so many moms and dads and loved ones who mourn for the loss of a child or a husband or a wife. I appreciate your strength, Arlene. I love seeing you every time."

Outpouring of support

It started slow—a card here, a letter there. But as America mourned the loss of thousands of lives, Howard received an outpouring of support. One day, she received a silver angel in the mail from a woman in Missouri.

Girls from a junior American Legion Auxiliary unit in Iowa sent her an American flag quilt. Schoolchildren from across the country sent teddy bears, cards and other mementos. "People have been so beautiful," Howard said. "People from all over poured out their hearts and kept us in their prayers."

On the one-year anniversary of the attack, she and her family attended a Mass in New York City held for the families of the 75 Port Authority employees killed in the attack. "God must have needed some good men up in heaven," she said, "because he took them on September 11."

Howard began volunteering with the Women's Wellness Program at New York's Northport VA Medical Center in 1994. She also served on the VA Voluntary Service Executive Committee, the Northport VAMC's External Board of Directors, and as the VA representative for the Honor Society of Women Legionnaires.



President George W. Bush greets Arlene Howard, VA volunteer and mother of a 9/11 victim, on Nov. 11, 2001, in New York City.

She died in 2019 at the age of 95 and was buried at Calverton National Cemetery. According to her family, Bush remained friends with Howard even after leaving office. ♦

White House Photo

With Honor and Dignity

Twenty years of expansion and world-class customer service in NCA

By James W. Therese



VA manages 155 national cemeteries around the country.
National Cemetery Administration Photo

The woman who was leading the National Cemetery Administration (NCA) on Sept. 11, 2001, Under Secretary for Memorial Affairs Robin L. Higgins, understood all too well the pain of losing a loved one to a terrorist attack. In 1988, her husband, Marine Col. William "Rich" Higgins, was captured and later murdered by terrorists in Lebanon.

In a message sent to NCA employees three days after the 9/11 attacks, Higgins, a 20-year Veteran of the Marine Corps herself, shared her very personal connection to the families they would be serving and her confidence they would get it right.

"I have been incredibly proud of the way each of you has drawn together in this time of great sorrow and anger," she told employees. "Years ago, when I came face-to-face with terrorism, I felt very alone. Unfortunately, that black tapestry has now spread farther and has touched each of us and all Americans in a very real way.

"I am comforted knowing that our family—the National Cemetery Administration—will surely do what we need to do," Higgins continued. "In the next few weeks, we will be called upon to bury many Veterans and their family members whose time was

not supposed to have come so soon. We will do it with grace, honor and dignity."

In the 20 years since, NCA has significantly increased access to burial benefits and provided world-class customer service to Veterans and their families. Here's a look at some of the major accomplishments over the past two decades.

Complementing VA's national cemeteries

The [Veterans Cemetery Grants Program](#) was established in 1978 to assist states, territories and federally recognized tribal governments with providing gravesites for Veterans in areas where VA's national cemeteries cannot fully satisfy their burial needs.

Cemeteries established under the grants program must conform to the standards and guidelines pertaining to site selection, planning and construction prescribed by VA. The administration, operation and maintenance of a VA-supported Veterans cemetery is solely the responsibility of the state, territory or tribal government.

The Veterans Cemetery Grants Program is designed to complement VA's national cemeteries across the country. VA has awarded grants totaling more than \$908 million to establish, expand, improve, operate and maintain



Petty Officer 1st Class Matthew Leonard presents a flag to Army Veteran and Patriot Guard Riders member Ken Hammock during a ceremony honoring unclaimed Veterans at Dallas-Fort Worth National Cemetery.



With just over 2,000 employees, the National Cemetery Administration fosters a culture of customer satisfaction.

Veterans cemeteries in 48 states and territories, including tribal trust lands, Guam, Saipan and Puerto Rico. In fiscal year 2020, NCA-supported Veterans cemeteries completed some 37,268 interments.

Customer satisfaction is the culture

In 2019, NCA achieved an American Customer Satisfaction Index (ACSI) score of 97 out of a possible 100—the highest score ever achieved for any organization in either the public or private sector. This

was the seventh consecutive time NCA received the top rating among participating organizations.

NCA participates in the ACSI survey conducted by the University of Michigan every three years. Customer satisfaction is the culture at NCA.

In addition to external validation of our commitment to excellence, NCA conducts an annual survey of primary customers—Veterans, their families and funeral directors. The survey is administered by an independent research contractor.

The most recent results confirmed NCA's commitment to customer service: 99% agreed cemetery appearance was excellent, 97% agreed the service was excellent, and 99% agreed that they would recommend the national cemetery to Veteran families at their time of need.

Improving service and outreach

In 2016, NCA launched [Pre-Need Eligibility](#) to assist Veterans with funeral decisions in advance of need. All determinations are subject to a final eligibility verification at time of need and do not guarantee burial in a specific cemetery or reserve a gravesite until time of need. If a Veteran is not eligible during the Pre-Need determination, the Veteran will be entitled to VA Appeals Rights.



Veterans Legacy Memorial can be accessed from a smartphone.

Also in 2016, NCA founded the [Veterans Legacy Program](#) on Memorial Day at [Riverside National Cemetery](#) in California. The program creates partnerships that engage students, educators and the American public with their local history through the diversity of the Veteran experience enshrined in our national cemeteries. It emphasizes the American civic tradition.

College students spend time researching the lives of Veterans and then sharing these stories with elementary and middle school students. In some cases, elementary school students connect with these stories by developing graphic novels to share with others.

In 2019, NCA launched the [Veterans Legacy Memorial](#) (VLM). It's the nation's first digital platform dedicated entirely to memorializing more than 3.8 million Veterans interred in VA's national cemeteries. Each Veteran has their own personal profile page including their service and cemetery information.

VLM allows families, friends and others to post tributes, photos and other items to a Veteran's page and to share

their pages using email or social media. VLM is the future of memorialization.

Achieving goals for Veterans and families

Increasing access to burial benefits and burial options has been a key priority since 9/11. Through NCA's efforts to establish new national cemeteries and ensure existing ones remain open, today more than 92% of Veterans have a burial option within 75 miles of their home in a national, state or tribal cemetery. NCA manages 155 national cemeteries and provides oversight to 119 grant-funded state Veterans cemeteries.

Within the last five years, NCA has launched three significant customer service-related and outreach programs: Pre-Need Eligibility, Veterans Legacy Program and Veterans Legacy Memorial. These programs give NCA the opportunity to interact with Veterans and their families in unprecedented ways. ♦

Theres is a public affairs specialist with the National Cemetery Administration.



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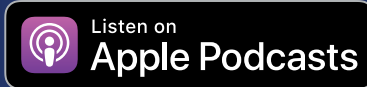


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